

Lakeside Jazz Festival

REGISTRATION FORM

(Please Print Clearly)

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Director: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Band Name: _____

Preferred Performance Date: FRI SAT

2nd Band/Combo: _____

Preferred Performance Date: FRI SAT

Entry Fee:

\$100.00

2nd Band or Combo Fee:

\$50.00

Please return: (1) completed form, (2) check made payable to "**Lakeside Jazz Festival**", (3) a roster of your band members' names, and (4) a photograph of the band (if available) to the following address:

The Lakeside Jazz Festival

PO Box 290826

Port Orange, FL 32129-0826

www.LakesideJazz.org